Change in Company's premium revision effective 7/1/11	or rate level produced b	y rate
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	<pre>Volume (Illinois)*</pre>	Change $(+ or -)**$
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	21,683	-36.5%
14. Crop Hail		
15. Other		
Does filing only apply to certain If so, specify:	territory (territories)or	certain classes? No.
Brief description of filing. (If organization): American Alternative (AAIC) is submitting	Insurance Corporation the enclosed rate/rule applies to our Self s Program which is
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	el which will	nce Corporation
All	Name of Compar	
	044 \ //44	- ,
	say I wood -	
	Official - Tit	ice President
	Official - Tit	I e

FORM (RF-3)

SUMMARY SHEET

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private		-
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity	** · · · · · · · · · · · · · · · · · ·	
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril	\$7,035,529	7.9%
Crop Hail		
Other		
Life of Insurance		
Door filing only apply to sent	.i 4	
Does filing only apply to certa Classes? If so,	iin terntory (terntones) of	certain
·	oes not only apply to certain	territories
Filing applies to all classes equally		
Brief description of filing. (If f		
Organization, specify	iling tollows rates of art a	auvisory
organization):		
Please refer to the enclosed Actua	rial Memorandum	· · · · · · · · · · · · · · · · · · ·
Trease refer to the enclosed Actua	na Wemorandam	
*Adjusted to reflect all prior ra	ite changes.	
**Change in Company's premates.		ılt from application of n
	American Econom	ny Insurance Company
		me of Company
	Valorio Coorles C	tate Filing Sr. Analyst

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

American Economy Insurance Company

Ch	ange in Company's premium or rate le	vel produced by rate revision effective	10/8/2011
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
^	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	72,297	7.0%
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril	508,410	7.0%
	Crop Hail		
15.	Other		
	Line of Insurance		
Do	es filing only apply to certain territory (t	erritories) or certain classes? If so, specify:	
		,	
		ates of an advisory organization, specify org	
	ase see our Exhibit A for a summary of changes.	COSCS GILDER OF -ZOOF-REAT (47 1700 Ed)	
1 100	200 000 Car Exhibit / (or a carminary or orlanges).		
	djusted to reflect all prior rate changes. Change in Company's premium level wh	nich will result from application of new rates.	
		American Economy Insurance	e Company
			ame of Company
		Judy Hastings, Business Anai	iust II
			Official - Title

FORM (RF-3)

Change in Company's effective 10/01/2011	premium or rate level pr 	roduced by rate revision
(4)	(0)	(2)

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		*
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril	878,314	2.4
Crop Hail		
Other		
Life of Insurance		
Does filing only apply to certa	in territory (territories) or	certain
Classes? If so,		
specify: New Exc	eption Page for Medical Paymer	nts
Brief description of filing. (If fi Organization, specify organization):	ling follows rates of an a	dvisory
	yk hygythiajikajingang talapagilisi isana kalapani Madda akan May pilan Mahalananan anasan akan m	
*Adjusted to reflect all prior ra		D. Communication of the second
**Change in Company's prem	ium level which will resul	it from application of new
rates.	Amagulanu Ankon	sila Inguranca Corsa
		pile Insurance Company
		me of Company
		- Sr. Regulatory Analyst
	(Official – Title

FORM (RF-3)

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Dama	9	
Private Passenger		
Commercial		***************************************
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		**************************************
Surety		
Boiler and Machinery	-	
Fire ·		
Extended Coverage		New York Control of the Control of t
Inland Marine		**************************************
Homeowners		
Commercial Multi-Peril	827,055	1.6
Crop Hail		· ************************************
Othe <u>r</u>	**************************************	***************************************
Life of Insurance		
Does filing only apply to ce	rtain territory (territories) or	certain
Classes? If so.	Duta Dana fauthodinal Danasaria	
•	Rule Page for Medical Payments	
•		dvisorv
specify: New	If filing follows rates of an a	
Brief description of filing. (I Organization, specify	If filing follows rates of an a	· · · · · · · · · · · · · · · · · · ·
Brief description of filing. (I Organization, specify	If filing follows rates of an a	enthern met are entired the desired on a space of the spa
Brief description of filing. (I Organization, specify	J	
Brief description of filing. (I Organization, specify organization):	NA NA	
Brief description of filing. (I Organization, specify organization): *Adjusted to reflect all prior	NA rate changes.	
Brief description of filing. (I Organization, specify organization): *Adjusted to reflect all prior **Change in Company's pre	NA rate changes.	
Brief description of filing. (I Organization, specify organization): *Adjusted to reflect all prior	NA rate changes.	It from application of ne
Brief description of filing. (I Organization, specify organization): *Adjusted to reflect all prior **Change in Company's pre-	rate changes. emium level which will resu	It from application

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

American States Insurance Company
Change in Company's premium or rate level produced by rate revision effective

Ch	ange in Company's premium or rate lev	el produced by rate revision effective	10/8/2011
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		7.00
9.	Fire Extended Coverage	231,912	7.0%
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril	1,964,623	7.0%
	Crop Hail		
15.	Other		
	Line of Insurance		
Do	es filing only apply to certain territory (te	erritories) or certain classes? If so, specify:	
	ef description of filing. (If filing follows ra sion Five - Loss Cost Multiplier change. ISO loss	ates of an advisory organization, specify organicosts under CF-2007-RLA1 (4/1/08 Ed)	nization):
Plea	ase see our Exhibit A for a summary of changes.		
	djusted to reflect all prior rate changes. Change in Company's premium level wh	ich will result from application of new rates.	
		American States Insurance Com	pany
			e of Company
		Judy Hastings, Business Analysi	t II
			fficial – Title

FORM (RF-3)

SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		**************************************
Private Passenger		
Commercial		
Liability Other Than Auto		***************************************
Burglary and Theft		
Glass	warming and the same of the sa	######################################
Fidelity		
Surety	The second secon	**************************************
Boiler and Machinery		
Fire		PROPERTY OF THE PROPERTY OF TH
Extended Coverage		
nland Marine		
Homeowners		**************************************
Commercial Multi-Peril	263,697	0.3
Crop Hail	200,007	<u> </u>
Other		(
Life of Insurance		The second districts with the second
Life of fillsofalice		
Does filing only apply to certa	in territory (territories) or	r certain
Classes? If so,		
specify: New Ru	le Page for Medical Payments	
Brief description of filing. (If f	iling follows rates of an a	advisory
Organization, specify		
organization):	NA	
40 1' -1110	4	
*Adjusted to reflect all prior ra	-	ilt fenna nanlination of m
**Change in Company's prem	ilum level which will rest	air irom application of ne
rates.		

FORM (RF-3)

Change in Company's premium or ra	ite level produced by rate revision
effective 9/1/2011	

-	(1) Coverage	(2) Annual Premium - Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private	Volume (minors)	_ Change (101-)
• •	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		***************************************
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
3.	Fidelity		
7.	Surety		
3.	Boiler and Machinery		
9.	Fire	Manufacture of the second of t	
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	5,081,806	-3.6
14.	Crop Hail		
15.	Other		
	Life of Insurance		
•	Does filing only apply to certa	ein territory (territories) or	certain
	Classes? If so,	an terniory (terniories) or	Certain
	specify: N/A		
	Brief description of filing. (If I	iling follows rates of an a	dvisorv
	Organization, specify	g	,
	organization):	Rate revision for Identity Rec	overy Coverage and Equipment Breakdown
	and new rate for Condominiums D&O.		
	*Adjusted to reflect all prior ra	ate changes.	
	**Change in Company's pren	nium level which will resu	It from application of new
	rates.		
		Capitol Indemnity	
			me of Company
		Jennifer Arndt - Pro	
		(Official – Title

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate le	evel produced by rate revision effective	11/15/2011
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	\$32,154,713.	+0.36%
14. Crop Hail		
15. OtherLine of Insurance		
Line of Insurance		
Does filing only apply to certain territory	(territories) or certain classes? If so, speci	fv: All territories are being amended
	lotel/Hotel, Apartment and Mercantile are	
riowever, only the All Other lactors for iv	iotei/Hoter, Apartment and Mercantile are	beilig amended.
Brief description of filing (If filing follows	rates of an advisory organization, specify	organization): We are amending the All
	Commercial Multi Peril. Motel/Hotel is being	
	decrease of 1.33%. Finally, Mercantile	
	ther factors. The combined net effect of a	
0.36%.	tier lactors. The combined het effect of a	iii or triese changes is a fiet increase or
0.3076.		
*Adjusted to reflect all prior rate changes	3 .	
	which will result from application of new rate	es.
Onange in Company o promisin for or r	mon viii reedit nem approation et nem rat	
	The Cincinnati Ins	urance Company - FEIN 31-0542366
		Name of Company
		· ·
	Connie Peter	tonjes - Senior Filings Specialist
		Official – Title

FORM (RF-3)

SUMMARY SHEET

_	(1)	(2) Annual Premium	(3) Percent
	Coverage	 Volume (Illinois) * 	_ Change (+or-) **
	Automobile Liability Private		
	Passenger		
	Commercial		
	Automobile Physical Damag		
	Private Passenger		
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril	\$10,831,026	3.9%
	Crop Hail		
	Other		
	Life of Insurance		
	Does filing only apply to certa	ain territory (territories) or	селаіп
	Classes? If so,		An unit a si a a
		loes not only apply to certain	
	Filing applies to all classes equally	except two class codes which	n do not chande.
	Brief description of filing. (If I		
	Brief description of filing. (If f		
	Brief description of filing. (If f Organization, specify organization):	filing follows rates of an a	
	Brief description of filing. (If f	filing follows rates of an a	
	Brief description of filing. (If f Organization, specify organization): Please refer to the enclosed Actua	filing follows rates of an a	
	Brief description of filing. (If f Organization, specify organization): Please refer to the enclosed Actual *Adjusted to reflect all prior re	rial Memorandum ate changes.	dvisory
	Brief description of filing. (If the Organization, specify organization): Please refer to the enclosed Actual *Adjusted to reflect all prior reflect all p	rial Memorandum ate changes.	dvisory
	Brief description of filing. (If f Organization, specify organization): Please refer to the enclosed Actual *Adjusted to reflect all prior re	riling follows rates of an a rial Memorandum ate changes. nium level which will resu	dvisory It from application of new
	Brief description of filing. (If the Organization, specify organization): Please refer to the enclosed Actual *Adjusted to reflect all prior reflect all p	riling follows rates of an a arial Memorandum ate changes. Thium level which will resu	dvisory It from application of new

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Ch	ange in Company's premium or rate lev	el produced by rate revision effective	9/1/11 NB, 11/1/11 RB
	(1) <u>Coverage</u>	(2) Annuał Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	155,687	9.0%
10.	Extended Coverage	Included	
11.	Inland Marine		
12.	Homeowners		
	Commercial Multi-Peril	4,883,748	8.6%
	Crop Hail		
15.	Other		
	Line of Insurance		
Do	es filing only apply to certain territory (to	erritories) or certain classes? If so, specify:	
		ates of an advisory organization, specify org	ganization):
	sion Five - Loss Cost Multiplier change. ISO loss		
Divi	sion Five - Package Mod Change for Industrial & I	Proc. Please refer to Exhibit A for a summary of c	hanges.
	ljusted to reflect all prior rate changes. hange in Company's premium level wh	ich will result from application of new rates.	
		Consolidated Insurance Comp	pany
			ame of Company
		Judy Hastings, Business Anal	yst II
			Official – Title

FORM (RF-3)

SUMMARY SHEET

Volume (Illinois) *			
	Change (+or-) **		
	<u> </u>		

	##		
	· <u>····································</u>		

1 710 634	2.2		
7,110,000			
	· File de la Contraction de la		
	PROMOTER AND		
ain territory (territories) or	certain		
lle Page for Medical Payments			
filing follows rates of an a	idvisory		
NA	······································		
ata changes	Water the second		
	ilt from application of ne		
Eigeneania Erradia	ouranaa Campany		
	1,710,634 ain territory (territories) or alle Page for Medical Payments filing follows rates of an analysis in territory (territories) or alle Page for Medical Payments NA Steel Changes in the chang		

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

First National Insurance Company of America

Ch	ange in Company's premium or rate lev	vel produced by rate revision effective	10/8/2011
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
^	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	93,028	7.0%
	Extended Coverage		
	Inland Marine		
	Homeowners Commercial Multi-Peril	264 277	7.0%
	Crop Hail	364,377	7.0%
	Other		
10.	Line of Insurance		
	Line of insurance		
Do	es filing only apply to certain territory (t	erritories) or certain classes? If so, specify:	
		, ,	
Brid	ef description of filing. (If filing follows r	ates of an advisory organization, specify orga	anization):
		costs under CF-2007-RLA1 (4/1/08 Ed)	
	use see our Exhibit A for a summary of changes.		
	, , , , , , , , , , , , , , , , , , , ,		
	ljusted to reflect all prior rate changes. hange in Company's premium level wh	nich will result from application of new rates.	
		First National Insurance Compa	any of America
		<u></u>	ne of Company
		Judy Hastings, Business Analys	st II
			Official – Title

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

General Insurance Company of America e level produced by rate revision effective

Cha	ange in Company's premium or rate lev	el produced by rate revision effective	10/8/2011
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	79,698	7.0%
	Extended Coverage		
	Inland Marine		A Company of the Comp
	Homeowners		
	Commercial Multi-Peril	399,998	7.0%
	Crop Hail		
15.	Other		
	Line of Insurance		
_		11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Doe	es filing only apply to certain territory (te	erritories) or certain classes? If so, specify:	
Brid	of description of filing (If filing follows ra	ites of an advisory organization, specify organ	nization):
	sion Five - Loss Cost Multiplier change. ISO loss		
	use see our Exhibit A for a summary of changes.	Costs dider of -2007-NEAT (4/1/00 Ed)	
Fica	ise see our Exhibit A for a summary of changes.		
*Ad	ljusted to reflect all prior rate changes.		
		ich will result from application of new rates.	
•	nango m company o promisin iono in i		
		General Insurance Company of I	America
			e of Company
		Judy Hastings, Business Analyst	i II
		Of	ficial – Title

FORM (RF-3)

(1) Coverage	(2) Annual Premium - Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Priva	ate	
Passenger		
Commercial		
Automobile Physical Dar	mag	
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery	· · · · · · · · · · · · · · · · · · ·	
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril	\$7,422,965	3.7%
Crop Hail		
Other		
Life of Insurance		
Does filing only apply to	certain territory (territories) o	r certain
Classes? If so,		
	iling does not only apply to certain	
Filing applies to all classes e	qually except two class codes whic	ch do not change.
	. (If filing follows rates of an a	advisory
Organization, specify		
organization):	4	
Please refer to the enclosed	Actuarial Memorandum	·
*Adjusted to reflect all pr	•	14 6 11 41 6
	premium level which will resu	lit from application of n
rates.	Indiana Inc	Company
	Indiana Insurance	
		ame of Company State Filing Sr. Analyst
		Official – Title
		Unicial - Hille

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Change in Company's premium or rate le	evel produced by rate revision effective	9/1/11 NB, 11/1/11 RB
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial 2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity 7. Surety		
 Surety Boiler and Machinery 		
9. Fire	149,554	9.0%
10. Extended Coverage	Included	
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	2,828,665	8.8%
14. Crop Hail15. Other		
Line of Insurance		
Does filing only apply to certain territory	(territories) or certain classes? If so, specify:	
Priof description of filing /If filing follows	rates of an advisory organization, specify organization	anization):
Division Five - Loss Cost Multiplier change. ISO los		
	& Proc Please refer to Exhibit A for a summary of change	S.
*Adjusted to reflect all prior rate changes		
**Change in Company's premium level w	which will result from application of new rates.	
	Indiana Insurance Company	
	Na	me of Company
	Judy Hastings, Business Analy	st II
		Official – Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's	premium or rate	level produced b	by rate revision
effective 06/03/2011		•	•

	(1)	(2)	(3)
-	Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety	Manager of the state of the sta	
8.	Boiler and Machinery	#nat4bahillahillahillahillahillahillahillahil	***************************************
9.	Fire	**************************************	
10.	Extended Coverage	<u> </u>	
11.	Inland Marine		
12.	Homeowners		With the state of
13.	Commercial Multi-Peril	23,037 (BOP)	-4.0%
14.	Crop Hail		
15.	Other Life of Insurance		
	Life of insurance		
•	Does filing only apply to certa	in territory (territories) or	certain
	Classes? If so,		
	specify: Yes - P	lease see Exhibit A for affecte	ed class codes
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	Brief description of filing. (If fi	iling follows rates of an a	dvisory
	Organization, specify		
	organization):		class code deviations to add
	certain Restaurant and Grocery cla		
	supplemental exhibit along with a		ient's review.
	*Adjusted to reflect all prior ra  **Change in Company's prem		t from application of new
	rates.	1 P I	0 111772
			Group Insurance Co., Ltd (USB)
			me of Company
		ranni kim, Senior	Compliance Analyst

## FORM (RF-3)

(1)	(2) Annual Premium	(3) Percent
Coverage	<ul> <li>Volume (Illinois) *</li> </ul>	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		4(
Automobile Physical Damag		
Private Passenger		
Commercial		
_iability Other Than Auto		X
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire Fire		
Extended Coverage		
nland Marine	·	
Homeowners		
Commercial Multi-Peril	1,891,608	2.7
Crop Hail		· ************************************
Othe <u>r</u>		And the state of t
Life of Insurance		
Does filing only apply to cert Classes? If so,	ain territory (territories) or	certain
· · · · · · · · · · · · · · · · · · ·	ule Page for Medical Payments	
Brief description of filing. (If	filing follows rates of an a	dvisory
Organization, specify organization):	NA	
organization).	11/7	
*Adjusted to reflect all prior r		
**Change in Company's prer	nium level which will resu	it from application of n
rates.	National Surety Co	arnoration
	Mabiliar Villein i i	

#### FORM (RF-3)

(1)	(2) Annual Premium	(3) Percent
Coverage	- Volume (Illinois) *	_ Change (+or-) **
Automobile Liability Privat	te	
Passenger		
Commercial		
Automobile Physical Dam	ag	
Private Passenger		
Commercial		
Liability Other Than Auto	<u></u>	
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril	\$20,515,319	3.7%
Crop Hail		
Other		
Life of Insurance		
Does filing only apply to o	ertain territory (territories) or	certain
Classes? If so,		
· · ·	ng does not only apply to certain	
Filing applies to all classes equ	ually except two class codes which	h do not change.
, ,	(If filing follows rates of an a	dvisory
Organization, specify		
organization):		
Please refer to the enclosed A	octuarial Memorandum	
*Adjusted to reflect all prid	or rate changes.	
	premium level which will resu	It from application of ne
rates.		• •
	The Netherlands I	nsurance Company
	Na	me of Company
		tate Filing Sr. Analyst
		Official – Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate lev	el produced by rate revision effective	9/1/11 NB, 11/1/11 RB
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	249,127	9.0%
	Extended Coverage	Included	
	Inland Marine		
. — .	Homeowners	7.050.400	9.49/
-	Commercial Multi-Peril	7,359,492	8.1%
	Crop Hail Other		
15.	Line of Insurance		
	Line of modulation		
Doe	es filing only apply to certain territory (to	erritories) or certain classes? If so, specify:	
	ef description of filing. (If filing follows ra sion Five - Loss Cost Multiplier change. ISO loss	ates of an advisory organization, specify org	anization):
Divis	sion Five - Package Mod Change for Industrial & I	Proc Please refer to Exhibit A for a summary of change	S
	ljusted to reflect all prior rate changes. hange in Company's premium level wh	ich will result from application of new rates.	
		The Netherlands Insurance Co	ompany
			me of Company
		Judy Hastings Business Apol	et II
		Judy Hastings, Business Analy	Official – Title
		•	Omoiai — mie

#### FORM (RF-3)

#### **SUMMARY SHEET**

(1)	(2) Annual Premium	(3) Percent	
Coverage	- Volume (Illinois) *	Change (+or-) **	
Automobile Liability	Private		
Passenger			
Commercial			
Automobile Physica	Damag		
Private Passenger			
Commercial			
Liability Other Than	Auto		
Burglary and Theft			
Glass			
Fidelity			
Surety			
<b>Boiler and Machiner</b>	,		
Fire			
<b>Extended Coverage</b>			
Inland Marine			
Homeowners			
Commercial Multi-Pe	ril \$13,099,002	8.8%	
Crop Hail			
Other			
Life of Insura	nce		
<b>5</b> (1)			
	y to certain territory (territories	) or certain	
Classes? If so,	Filing does not only apply to look	tain tarritarian	
specify:	Filing does not only apply to cer		
	es equally except two class codes v		
	ling. (If filing follows rates of a	an advisory	
Organization, specify			
idiam\.			
organization):			
organization): Please refer to the end	sed Actuarial Memorandum		
Please refer to the end			
Please refer to the ence *Adjusted to reflect	all prior rate changes.	ocult from application of po	
*Adjusted to reflect **Change in Compa		esult from application of nev	
Please refer to the ence *Adjusted to reflect	all prior rate changes.  ny's premium level which will re		
*Adjusted to reflect **Change in Compa	all prior rate changes.  ny's premium level which will re	esult from application of new mnity Insurance Company, Name of Company	

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective			9/1/11 NB, 11/1/11 RB	
	(1)	(2) Annual Premium	(3) Percent	
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>	
1. Auto	mobile Liability Private			
F	Passenger Commercial			
	mobile Physical Damage		<del></del>	
	Private Passenger Commercial			
<ol><li>Liabi</li></ol>	ility Other Than Auto			
<ol><li>Burg</li></ol>	lary and Theft			
<ol><li>Glas</li></ol>	s			
6. Fide	7			
<ol><li>Sure</li></ol>			***	
	er and Machinery			
9. Fire	-	24,665	9.0%	
	nded Coverage	Included		
	nd Marine			
	neowners			
	mercial Multi-Peril	6,021,582	8.5%	
14. Crop				
15. Othe				
	Line of Insurance			
D 60				
Does min	ig only apply to certain territory (territ	ories) or certain classes? If so, specify:		
Brief des	cription of filing. (If filing follows rates	s of an advisory organization, specify org	anization):	
Division Fiv	e - Loss Cost Multiplier change. ISO loss cost			
Division Fiv	e - Package Mod Change for Industrial & Proc	Please refer to Exhibit A for a summary of	changes.	
	d to reflect all prior rate changes.			
**Change	e in Company's premium level which	will result from application of new rates.		
		Peerless Indemnity Insurance	Company	
		Na	ame of Company	
		Judy Hastings, Business Anal	vet li	
			Official Title	

### Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Cha	ange in Company's premium or rate lev	el produced by rate revision effective	9/1/11 NB, 11/1/11 RB
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
^	Passenger Commercial		
2.	Automobile Physical Damage		
2	Private Passenger Commercial		
3.	Liability Other Than Auto		
4. =	Burglary and Theft	<del></del>	
5. 6.	Glass		
o. 7.	Fidelity		
7. 8.	Surety Boiler and Machinery		
9.	Fire	485,610	9.0%
	Extended Coverage	Included	5.0 %
	Inland Marine	included	
	Homeowners		
	Commercial Multi-Peril	1,921,902	8.7%
	Crop Hail	1,021,002	
	Other		
	Line of Insurance		
Doe	es filing only apply to certain territory (te	rritories) or certain classes? If so, specify:	
	ef description of filing. (If filing follows ra	tes of an advisory organization, specify org	anization):
Divis	sion Five - Package Mod Change for Industrial & P	roc Please refer to Exhibit A for a summary of ch	anges.
*Ad	justed to reflect all prior rate changes.	ch will result from application of new rates.	
		Peerless Insurance Company	
		Na	me of Company
		Judy Hastings, Business Analy	st II
			Official - Title